		Substitute for Form PTO-875												cation pr Doc	in pr Dockel Number	
	RCE CLAIMS AS FILED - PART I													10 15	16,627	
		FOR		(Column 1) NUMBER FILED			(Column 2)		$\neg$	SM	ALL ENTIT	TY	OR .	O	THER THAI	
	0ASIC FEE (37 CFR 1.16(a))						N	UMBER EXTRA		RATE	FE	ε				
٦	1	TOTAL CLAIMS (37 OFR 1.16(c)	3 minus 20 =						75	5		OR	RATI	F - FE		
	-	INDEPENDENT (37 CFR 1.16(b)	CLAIMS )	4 minus 3					4	x s 25 =			OR	x s 50	<u>)</u>	_
	-	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))								x s 100			OR	x s 20	0	
	1	'II the differenc	is less (	han zero	ero, enter "0" in column 2.			+s_180				ŌВ	+ 360	ي ا	-	
				ED - PAR			10	TOTAL			OR	TOTAL				
	L															
		4		MINIG	T	HIGH	olumn 2 SHEST	(Column 3)	7 -	SMALI	ENTITY		OR	HTO	IER THAN	
	FAIDAAGAG	Z U		rer		PREVIO	BER. OUSLY	PRESENT EXTRA	Ш	RATE	ADDI- TIONAL		. [	RATE	LL ENTITY	
	Š	Total (31 CFR 1.16(c)	"		Minus		FUR	. =	-	,25.	FEE	1	-		ADO! TIONAL FEE	
	AME	<u></u>	L		Minus	1		=		s 100.	<del> </del>	- 0		x 50 =		
	_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								<u>180</u>	<del> </del>	- 0	R  -	x <u>s 2000</u>		
- [										OTAL DO'L FEE		- . Of		+ 53(d). TOTAL		
		(Column 1) (Column 2) (Column 3)							, ^	טט ני דיפיני	L	OF	۾ ١	OUY FEE		
	ENT B		CLAIN REMAIN AFTE AMENDM	IING R		HIGHE NUMB PREVIOU	ST ER JSLY	PRESENT EXTRA		RATE	ADOI-	7	Γ	RATE	T	
	ENDME	(D) CFR (.16(cl)			Minus	PAID F	OR	= .	-	25.	TIONAL FEE	1			ADDI- TIONAL FEE	1
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-	∢	FIRST PRESEN		180.		OR		s 200_								
									TO	TAL D'L FEE		OR		360.		
-			(Column			(Column	12)	(Column 3)		L'EE L		OR		D'L FEE		
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		Total (37 CFR 1.16(c))	•		dinus	PAID FO	R	=	<u> </u>	25_	FEE				ADDI: TIONAL FEE	
1	AMENDA	(37 CFR 1.16(6))			linus	•••	$\dashv$	=				OR	1	<b>ಶ</b> ೦್ಮ		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ 180=											OR	-	200		
						TOTA	\(\tau_{\tau}\)		OR	+ <del>5</del>	360_					
		If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										OR	ADD	L FEE		
This	00	The "Highest Nu llection of inform	mber Previou	sty Paid	FOC (TO	I THIS SPAI Hal or Indep	CE is f	ess than 3, enter () is the highest no	. 20 . '3". Imber	found in the						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the use including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS